

**U.S. SENATOR RUSS FEINGOLD
2005 APPLICATION FOR NOMINATION TO
U.S.
SERVICE ACADEMIES**

NAME (INC MIDDLE INITIAL): _____
PERMANENT ADDRESS: _____
CITY: _____ ZIP: _____ DATE OF BIRTH: _____ SOC SEC #: _____ Email
(optional): _____ PHONE #: () _____ PARENT'S
DAYTIME #: () _____

SCHOOL ADDRESS (IF APPLICABLE) _____
ADDRESS 2: _____
CITY: _____ STATE: _____ ZIP: _____

I wish to apply for Senator Feingold's nomination to the following academies:
(**Numerically** rank academies in order of preference. Do not rank an academy unless
you wish to attend and will accept an offer of appointment.)

- () UNITED STATES AIR FORCE ACADEMY (COLORADO SPRINGS)
() UNITED STATES MILITARY ACADEMY (WEST POINT)
() UNITED STATES NAVAL ACADEMY (ANNAPOLIS)
() UNITED STATES MERCHANT MARINE ACADEMY (KINGS POINT, NY)

YOUR CONGRESSIONAL DISTRICT: _____ COUNTY: _____
NAME OF SCHOOL: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
SCHOOL PHONE: _____ ADVISOR: _____
CLASS STANDING: # _____ OF _____ (TOTAL) GRADE POINT: _____

(Remember to include a copy of your official school transcripts for high school and
college if applicable)

COLLEGE ENTRANCE EXAMINATION INFORMATION

Please indicate the date you took your exams and whether you plan to retake the tests:

EXAMINATION DATE: _____ ACT SCORES
REEXAMINATION DATE: _____ ENGLISH: _____
SAT SCORES MATH: _____
READING: _____ VERBAL: _____
SCIENCE: _____
MATH: _____ COMPOSITE: _____

(OVER)

INCLUDE WITH THIS COMPLETED APPLICATION FORM AND OTHER MATERIALS OUTLINED ON THE SET OF INSTRUCTIONS A BRIEF LISTING OF THE FOLLOWING:

- A. ALL SCHOOL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED. INCLUDE CLUBS, ATHLETICS, SCHOOL ORGANIZATIONS, ETC. INDICATE ANY LEADERSHIP ROLES WITHIN THOSE ACTIVITIES.
- B. ALL SCHOLASTIC HONORS, AWARDS, AND SCHOLARSHIPS RECEIVED.
- C. ALL EXTRACURRICULAR HONORS, ACHIEVEMENTS AND AWARDS RECEIVED.
- D. ALL NON-SCHOOL RELATED ACTIVITIES IN WHICH YOU HAVE PARTICIPATED (COMMUNITY GROUPS, CHURCH GROUPS, SCOUTING, ETC).
- E. IF YOU ARE CURRENTLY EMPLOYED OR HAVE WORKED PREVIOUSLY (ie SUMMERS, PART TIME AFTER SCHOOL), LIST EMPLOYER NAME, RESPONSIBILITIES, DATES OF EMPLOYMENT, AND HOURS WORKED.
- F. ANY OTHER ACTIVITIES YOU WOULD LIKE TO INCLUDE (HOBBIES, SPECIAL INTERESTS, RECREATIONAL ACTIVITIES).

HEALTH INFORMATION

ARE YOU AWARE OF ANY MEDICAL PROBLEM, PAST OR PRESENT, THAT MAY AFFECT YOUR ABILITY TO ATTEND A SERVICE ACADEMY ? _____

EXPLAIN: _____

CERTIFICATION OF CITIZENSHIP

I do hereby certify that I am a United States citizen and a resident of the State of Wisconsin. I do further certify that I have never been married and that I will not be less than 17 years of age nor more than 23 years of age on July 1st of the year that I hope to enter the Academy of my choice.

SIGNATURE OF APPLICANT: _____
DATE: _____

COMPLETED APPLICATIONS MUST BE RECEIVED BY **OCTOBER 21, 2005**. SEND ALL DOCUMENTATION TO:

SENATOR RUSS FEINGOLD
ATTN: MICHELLE MURRAY
1600 ASPEN COMMONS, RM 100
MIDDLETON, WISCONSIN 53562

IF YOU HAVE QUESTIONS
ABOUT THIS APPLICATION
CONTACT MICHELLE MURRAY
AT (608) 828-1200

NOTE: Please do not send application materials to my

Washington, DC office. This will delay the receipt of your application.